

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001242

**Entity Name:** BAY RIDGE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC2940546457**

**Current Principal Place of Business:**

6735 CONROY WINDERMERE RD.  
SUITE 210  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY WINDERMERE RD.  
SUITE 210  
ORLANDO, FL 32835 US

**FEI Number: 59-3168677**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BEACON COMMUNITY MANAGEMENT  
6735 CONROY WINDERMERE RD.  
SUITE 210  
ORLANDO, FL 32835 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name JULIAN, SHANNON  
Address 6735 CONROY RD. STE 210  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name KOLB, JOSEPH JR  
Address 6735 CONROY RD. STE 210  
City-State-Zip: ORLANDO FL 32835

Title TREASURER  
Name SPARKS, CAROLYN  
Address 6735 CONROY RD. STE 210  
City-State-Zip: ORLANDO FL 32835

Title PRESIDENT  
Name FROELICH, JIM  
Address 6735 CONROY RD. STE 210  
City-State-Zip: ORLANDO FL 32835

Title VP  
Name NORTON, MIKE  
Address 6735 CONROY RD. STE 210  
City-State-Zip: ORLANDO FL 32835

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JIM FROELICH**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date